

Public Service Commission of Wisconsin (8037) - NEXTEL WEST CORP Commercial Mobile Radio Service Provider Annual Report For Year Ending December 31, 2003

Rules for Reporting
Assessable Revenue Definitions
Help

* - indicates required fields			
of my knowledge, information and	ponsible for accounts; that I have examined the following report and, to the best d belief, it is a correct statement of the business and affairs of said utility for the espect to each and every matter set forth therein.		
Utility Name:	NEXTEL WEST CORP		
Person responsible for accounts:			
Title of person responsible for accounts:	Conion Annhust Tou Bonouting		
Date:	* (mm/dd/yyyy)		
Identification			
	NEXTEL WEST CORP		
Street Address:			
PO Box:	PO Box Zip:		
City:			
Web Site Address:			
Business Customers Phone:	Example 6085551212 Ext:		
Residential Customers Phone:	Example 6085551212 Ext:		
	Primary Utility Contact (located at utility address)		
Name:			
Title:	Senior Analyst, Tax Reporting		
Firm/Company:	Nextel Communications, Inc.		
Office Address:	david.guido@nextel.com *		
PO Box:			
City:	Reston * State: VA * Zip: 20191 *		
Fax Number:	10 A		
:	7034334485 * Example 6085551212		
Email Address:	david.guido@nextel.com		
Officer in charge of corresponde	lence concerning this report David Guido *		
 	Senior Analyst, Tax Reporting *		
; 			
Firm/Company:	Nextel Communications, Inc.		

Office Address:	2001 Edmund Halley Drive	*
PO Box:	PO Box Zip:	
City:	Reston * State:	VA * Zip: 20191 *
Fax Number:	7034334488 Example 6085551212	
Phone Number:	7034334485 * Example 6085551212	
Email Address:	david.guido@nextel.com	
Contact Person for Regulatory	Inquiries and Complaints	
Name:	David Guido	*
Title:	Senior Analyst, Tax Reporting	*
Firm/Company:	Nextel Communications, Inc.	
Office Address:	2001 Edmund Halley Drive	*
PO Box:	PO Box Zip:	
City:	Reston * State:	VA * Zip: 20191 *
Fax Number:	7034334488 Example 6085551212	
Phone Number:	7034334485 * Example 6085551212	1
Email Address:	david.guido@nextel.com	11 30 30 30 30 31 31 30 30 3 3 3 3 3 3 3
1a) If not, please state the nature	of your entity's business.	
1b) If not, do you intend to provid	e CMRS service in Wisconsin at a future date	e? (Blank/Y/N)
	CMRS revenues have already been reported	
	cerning annual report (utility name and num	Nonestand Commission /
number and dollar amount).		
2h) If no provide your assessable	revenues (in 000's) for Universal Service Fu	and and
assessment purposes.	•	(000 s)
Wisconsin Gross Intrastate Op Annual Report Notes (if applica	erating Telecommunications Service Revenu	e vuli
Annual Report Notes (11 applica	Die)	